

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039583

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. [REDACTED]

Registrar's No. 1526

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN STRAFFORD

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY
OR TOWN

STRAFFORD

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION RT. #1 Strafford

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

RT. #1 Strafford

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

ALBERT

Middle

E.

Last

MINGUS

4. DATE
OF
DEATH

Month

Day

Year

NOV. 4, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-26-05

9. AGE (last birthday)

58

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

KANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

I. F. MINGUS

13b. MOTHER'S MAIDEN NAME

EMMA KING

14. NAME OF HUSBAND OR WIFE

MARY MINGUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Mingus Strafford, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

✓ Bronchogenic carcinoma, left lung, with metastasis

to spinal chord, post operative left upper

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

DUE TO (b)

lobectomy

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-3-63 to 11-4-63 and last saw him alive on 11-4-63. Death occurred at 1:00am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

22b. ADDRESS

315 Prof. Bldg.
Springfield, Missouri

22c. DATE SIGNED

11-5-63

23a. BURIAL CREMATION REMOVAL (Specify)

BURIAL

23b. DATE

11-6-63

23c. NAME OF CEMETERY OR CREMATORY

DANFORTH CEMETERY

23d. LOCATION (City, town, or county)

GREENE COUNTY, MISSOURI

24. FUNERAL DIRECTOR

KLINGNER MORTUARY, INC.

ADDRESS

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

11-7-63

26. REGISTRAR'S SIGNATURE

[Signature]

jkjr

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300

Rev. 4/59

1 0390

2 0390

3

4 0

5 1

6

7 1

8 0

9 1621

10

11

12 90-0

13

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 20 1963

0750
1050

0
1
1
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ogle Stone Jr

Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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